

SHOULD YOUR CHILD BE TESTED FOR COVID-19?

Many families are asking if their children should be tested for COVID-19. Your pediatrician can help determine when testing may be a good idea, and which type of test would be best. They can also help you follow up on your child's test results.



When to test

Generally, children and teens who have symptoms of COVID-19 should be tested without delay to find out if they have an active infection. This is especially important if they have in-person in school, sports or jobs, so that anyone who may have been exposed can be alerted. Testing is also recommended before a child is scheduled for medical procedures such as surgery. Some states are requiring testing for SARS-CoV-2, the virus that causes COVID-19, after travel outside the state or country.

For children who had close contact with someone who has COVID-19, but do not have symptoms of an infection, it's best to wait at least 4 days after exposure to be tested. Close contact means having been less than 6 feet for a total of at least 15 minutes over a 24-hour period from a person with confirmed or probable case of COVID-19.

Testing usually isn't recommended for indirect exposure--close contact with someone exposed to another child with COVID-19, but not the infect child themselves—unless the child contact later tests positive for COVID-19 or develops symptoms.

What if my child was diagnosed with COVID-19 previously or got a COVID-19 vaccine?

COVID-19 vaccines now available are safe and effective. However, no vaccine provides 100% protection against SARS-CoV-2. In addition, while most SARS-CoV-2 variant strains reported from around the world are not expected to infect immunized people, scientists are still researching this. With the virus still spreading in communities, children who have received the vaccine but have symptoms of COVID-19 after being in close contact with someone who has it still should be tested for active infection.

Types of COVID-19 tests

There are currently 3 main types of COVID-19 tests available: Nucleic acid amplification tests, antigen tests, and antibody tests. Your pediatrician can help describe each test can and cannot do, and when tests can be most useful.

NUCLEIC ACID AMPLIFICATION TEST (NAAT)

NAATs, also call molecular tests, look for pieces of SARS-CoV-2 virus in the respiratory tract. They generally use a nasal or throat swab or sometimes saliva for the test sample. As diagnostic tests, NAATs are used to check if if your child has an active infection. These tests will not tell if your child had COVID-19 in the past. You might get results the same day or up to a week later. Getting a SARS-CoV-2 vaccine does not cause a positive NAAT or antigen test results. Types of molecular tests include:

- **Polymerase chain reaction (PCR) tests**, which are highly accurate. A PCR test authorized or approved by the U.S. Food and Drug Administration (FDA) is considered the “gold standard” to determine if a child has an active COVID-19 infection.
- **Loop-mediated isothermal amplification (LAMP) and nicking enzyme amplification reaction (NEAR) tests**. Some of these newer tests have received FDA emergency-use authorization. Until more information is available on how well they work for children, PCR tests are not a replacement for PCR testing.

ANTIGEN TEST

Another kind of diagnostic test is an antigen test. It uses a nasal or throat swab. Some antigen tests are approved to give rapid results, available in an hour or less. Positive antigen test results are generally reliable. If the test result is negative, a PCR test might be needed so you know for sure that your child does not have COVID-19. This is because negative antigen tests tend to be less accurate.

ANTIBODY TESTS

An antibody (serology) test checks a sample of your child's blood for special proteins called antibodies. The body makes these to fight off viruses like SARS-CoV-2, the virus that causes COVID-19. An antibody test can tell you if your child has had COVID-19 at some point in the past, even if there were no symptoms.

Antibody tests are not useful to diagnose a current infection. This is because it may take up to three weeks after your child first shows symptoms of being sick before the test can find antibodies in the blood sample. Many test locations can provide results the same day or within one to three days.

Does a positive antibody test mean my child is immune to COVID-19?

Scientists don't know yet if people who had COVID-19 can catch it again, especially with variant strains now circulating. So, based on what we know today, a positive antibody test does not confirm protection against the COVID-19 virus. Also, because COVID-19 vaccination may cause a positive SARS-CoV-2 antibody test result, antibody tests are not recommended to confirm immunity to COVID-19 following vaccination, or to check the need for a vaccine.

Antibody tests should not be used to make decisions about safe entering or returning to group settings like schools, child care or dorms. Anyone with a positive antibody test should continue to COVID-19 prevention steps such as wearing face masks, physical distancing, hand washing, and getting a vaccine once one is available to them.

Remember

After your child has a diagnostic or antibody test, it is important to talk with your pediatrician about positive or negative test results and what to do next. If you have any concerns about your child's health, call your pediatrician.

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